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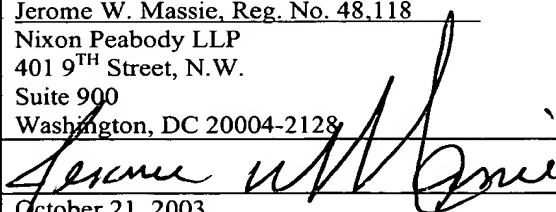
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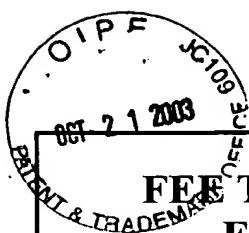
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/828,978
		Filing Date	April 10, 2001
		First Named Inventor	Rainer UHL
		Group Art Unit	2872
		Examiner Name	L. A. Fineman
Total Number of Pages in This Submission		Attorney Docket Number	740105-70

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Submission of Substitute Drawings <input type="checkbox"/> Drawings (Figs. 1-3) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other  <div style="text-align: center;">             RECEIVED              OCT 24 2003              TECHNOLOGY CENTER 2800           </div>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jerome W. Massie, Reg. No. 48,118 Nixon Peabody LLP 401 9 <sup>TH</sup> Street, N.W. Suite 900 Washington, DC 20004-2128
Signature	
Date	October 21, 2003

CERTIFICATE OF MAILING		
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		October 21, 2003
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Signature		Date <u>October 21, 2003</u>

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**FEE TRANSMITTAL  
FOR FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$420.00)

Complete if Known	
Application Number	09/828,978
Filing Date	04/10/2001
First Named Inventor	Rainer UHL
Examiner Name	Fineman
Art Unit	2872
Attorney Docket No.	740105-70

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METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account:	
Deposit Account Number	19-2380(740105-70)
Deposit Account Name	Nixon Peabody LLP
The Commissioner is authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims	Fee from below	Fee Paid	
14		-20** = 0	X	0	
Independent Claims		1	-3** = 0	X	0
Multiple Dependent			X	0	
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420.00
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$420.00)

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Name: K.M. McManus

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jerome W. Massie	Registration No. (Attorney/Agent)	48,118
Signature		Telephone	202-585-8000
		Date	October 21, 2003